



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: [ethics@hawaiiethics.org](mailto:ethics@hawaiiethics.org)

THIS SPACE FOR OFFICE USE ONLY

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

### PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

### PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
MAILING ADDRESS (Street)	FAX	
(City)	(State)	(Zip Code)
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
MAILING ADDRESS (Street)		FAX
(City)	(State)	(Zip Code)

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

		Agriculture			Education			Human Services			Science, Technology & Economic Development
		Communications & Public Utilities			Government Operations & Finance			Intergovernmental Relations, International Affairs			Tourism & Recreation
		Consumer Protection & Commerce			Hawaiian Affairs			Labor & Employment			Transportation
		Culture, Arts, Historic Preservation			Health			Planning, Land & Water Use Management			Other: (indicate below)
		Ecology, Energy Environmental Protection			Housing			Public Safety & Corrections	<hr/>		

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

\_\_\_\_\_  
(Signature of Lobbyist)

\_\_\_\_\_  
(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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NAME OF ORGANIZATION (if applicable)	TELEPHONE
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MAILING ADDRESS (Street)	FAX
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(City)

(State)

(Zip Code)

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

\_\_\_\_\_  
(Signature of Authorizing Officer or Person Represented)

\_\_\_\_\_  
(Date)